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JUN 11 2004

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22850 7590 03/17/2004

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/923,952	08/08/2001	Mitsuyo Nagano	212033US0 DIV	2293

TITLE OF INVENTION: ANTITHROMBOTIC AGENT AND ANTI-VON WILLEBRAND FACTOR MONOCLOINAL ANTIBODY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/17/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
GAMBEL, PHILLIP	1644	424-145100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 OBLON, SPIVAK,

2 MCCLELLAND, MAIER

3 & NEUSTADT, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ajinomoto Co., Inc.,

Tokyo, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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Issue Fee

4b. Payment of Fee(s):

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06/21/2004 BABRAHAZ 00000086 09923952

01 FC:1501

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